

PART B—ISSUE FEE TRANSMITTAL

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DEC 26 2000

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MARK LAUER
7041 KOLL CENTER PARKWAY
SUITE 280
PLEASANTON CA 94566

LM51/0925

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Mark Lauer

(Depositor's name)

(Signature)

12/22/2000

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|--|--------------|-----------------------------|---------------|
| 09/067,544 | 04/27/98 | 023 | MAUNG, Z | 2758 09/25/00 |
| First Named Applicant | BOUCHER, 35 USC 154(b) term ext. = 0 Days. | | | |

TITLE OF INVENTION INTELLIGENT NETWORK INTERFACE SYSTEM METHOD FOR PROTOCOL PROCESSING

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------------------------------|----------|
| 2 ALA-002 | 709-230.000 | S65 | UTILITY | NO | \$1240.00 \$1210.00 | 12/26/00 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Mark Lauer
- 2 T. Lester Wallace
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Alacritech, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) San Jose, California

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
- ☐ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

12/22/2000

12/27/2000 SDUONG1 00000065 09067544

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1240.00 OP

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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